

26-9f-101. Title.

This chapter is known as the "Utah Digital Health Service Commission Act."

Amended by Chapter 33, 2004 General Session

26-9f-102. Definitions.

As used in this chapter:

(1) "Commission" means the Utah Digital Health Service Commission created in Section 26-9f-103.

(2) "Digital health service" means the electronic transfer, exchange, or management of related data for diagnosis, treatment, consultation, educational, public health, or other related purposes.

Amended by Chapter 46, 2008 General Session

26-9f-103. Utah Digital Health Service Commission.

(1) There is created within the department the Utah Digital Health Service Commission.

(2) The governor shall appoint 12 members to the commission with the consent of the Senate, as follows:

(a) a physician who is involved in digital health service;

(b) a representative of a licensed health care facility or system as defined in Section 26-21-2;

(c) a representative of rural Utah, which may be a person nominated by an advisory committee on rural health issues created pursuant to Section 26-1-20;

(d) a member of the public who is not involved with digital health service;

(e) a nurse who is involved in digital health service; and

(f) seven members who fall into one or more of the following categories:

(i) individuals who use digital health service in a public or private institution;

(ii) individuals who use digital health service in serving medically underserved populations;

(iii) nonphysician health care providers involved in digital health service;

(iv) information technology professionals involved in digital health service;

(v) representatives of the health insurance industry; and

(vi) telehealth digital health service consumer advocates.

(3) (a) The commission shall annually elect a chairperson from its membership. The chairperson shall report to the executive director of the department.

(b) The commission shall hold meetings at least once every three months. Meetings may be held from time to time on the call of the chair or a majority of the board members.

(c) Six commission members are necessary to constitute a quorum at any meeting and, if a quorum exists, the action of a majority of members present shall be the action of the commission.

(4) (a) Except as provided in Subsection (4)(b), a commission member shall be appointed for a three-year term and eligible for two reappointments.

(b) Notwithstanding Subsection (4)(a), the governor shall, at the time of

appointment or reappointment, adjust the length of terms to ensure that the terms of commission members are staggered so that approximately 1/3 of the commission is appointed each year.

(c) A commission member shall continue in office until the expiration of the member's term and until a successor is appointed, which may not exceed 90 days after the formal expiration of the term.

(d) Notwithstanding Subsection (4)(c), a commission member who fails to attend 75% of the scheduled meetings in a calendar year shall be disqualified from serving.

(e) When a vacancy occurs in membership for any reason, the replacement shall be appointed for the unexpired term.

(5) A member may not receive compensation or benefits for the member's service, but, at the executive director's discretion, may receive per diem and travel expenses in accordance with:

(a) Section 63A-3-106;

(b) Section 63A-3-107; and

(c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.

(6) The department shall provide informatics staff support to the commission.

(7) The funding of the commission shall be a separate line item to the department in the annual appropriations act.

Amended by Chapter 286, 2010 General Session

26-9f-104. Duties and responsibilities.

The commission shall:

(1) advise and make recommendations on digital health service issues to the department and other state entities;

(2) advise and make recommendations on digital health service related patient privacy to the department;

(3) promote collaborative efforts to establish technical compatibility, uniform policies, and privacy features to meet legal, financial, commercial, and other societal requirements;

(4) identify, address, and seek to resolve the legal, ethical, regulatory, financial, medical, and technological issues that may serve as barriers to digital health service;

(5) explore and encourage the development of digital health service systems as a means of reducing health care costs and increasing health care quality and access, with emphasis on assisting rural health care providers and special populations with access to or development of electronic medical records;

(6) seek public input on digital health service issues; and

(7) in consultation with the department, advise the governor and Legislature on:

(a) the role of digital health service in the state;

(b) the policy issues related to digital health service;

(c) the changing digital health service needs and resources in the state; and

(d) state budgetary matters related to digital health service.

Amended by Chapter 46, 2008 General Session